

119TH CONGRESS
1ST SESSION

S. _____

To prohibit discrimination in health care and require the provision of equitable health care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. PADILLA introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To prohibit discrimination in health care and require the provision of equitable health care, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Equal Health Care
5 for All Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In 1966, Dr. Martin Luther King, Jr., said
9 “Of all the forms of inequality, injustice in health

1 care is the most shocking and inhuman because it
2 often results in physical death.”.

3 (2) Inequity in health care remains a persistent
4 and devastating reality for many communities, and,
5 in particular, communities of color.

6 (3) The inequitable provision of health care has
7 complex causes, many stemming from systemic in-
8 equality in access to health care, housing, nutrition,
9 economic opportunity, education, and other factors.

10 (4) Health care outcomes for Black commu-
11 nities in particular lag far behind those of the popu-
12 lation as a whole.

13 (5) Dr. Anthony Fauci, former Director of the
14 National Institute of Allergy and Infectious Dis-
15 eases, said on April 7, 2020, the coronavirus out-
16 break is “shining a bright light” on “unacceptable”
17 health disparities in the Black community.

18 (6) A contributing factor in health disparities is
19 explicit and implicit bias in the delivery of health
20 care, resulting in inferior care and poorer outcomes
21 for some patients on the basis of factors that include
22 race, national origin, sex (including sexual orienta-
23 tion or gender identity), disability, age, and religion.

24 (7) The National Academy of Medicine (for-
25 merly known as the “Institute of Medicine”) issued

1 a report in 2002 titled “Unequal Treatment”, find-
2 ing that racial and ethnic minorities receive lower-
3 quality health care than Whites do, even when insur-
4 ance status, income, age, and severity of condition is
5 comparable.

6 (8) Just as Congress has sought to eliminate
7 bias, both explicit and implicit, in employment, hous-
8 ing, and other parts of our society, the elimination
9 of bias and the legacy of structural racism in health
10 care is of paramount importance.

11 **SEC. 3. DATA COLLECTION AND REPORTING.**

12 (a) REQUIRED REPORTING.—

13 (1) IN GENERAL.—The Secretary of Health and
14 Human Services (in this section referred to as the
15 “Secretary”), in consultation with the Director for
16 Civil Rights and Health Equity, the Director of the
17 National Institutes of Health, the Administrator of
18 the Centers for Medicare & Medicaid Services, the
19 Director of the Agency for Healthcare Research and
20 Quality, the Deputy Assistant Secretary for Minority
21 Health, and the Director of the Centers for Disease
22 Control and Prevention, shall by regulation require
23 all health care providers and facilities that are re-
24 quired under other provisions of law to report data
25 on specific health outcomes to the Department of

1 Health and Human Services in aggregate form, to
2 disaggregate such data by demographic characteris-
3 tics, including by race, national origin, sex (including
4 sexual orientation and gender identity), disability,
5 and age, as well as any other factor that the Sec-
6 retary determines would be useful for determining a
7 pattern of inequitable provision of health care.

8 (2) PROPOSED REGULATIONS.—Not later than
9 90 days after the date of enactment of this Act, the
10 Secretary shall issue proposed regulations to carry
11 out paragraph (1).

12 (b) REPOSITORY.—The Secretary shall—

13 (1) not later than 1 year after the date of en-
14 actment of this Act, establish a repository of the
15 disaggregated data reported pursuant to subsection
16 (a); and

17 (2) ensure that such repository does not contain
18 any data that is individually identifiable.

19 **SEC. 4. REQUIRING EQUITABLE HEALTH CARE IN THE HOS-**
20 **PITAL VALUE-BASED PURCHASING PRO-**
21 **GRAM.**

22 (a) EQUITABLE HEALTH CARE AS VALUE MEASURE-
23 MENT.—Section 1886(b)(3)(B)(viii) of the Social Security
24 Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended by
25 adding at the end the following new subclause:

1 “(XIII)(aa) Effective for payments beginning with
2 fiscal year 2026, in expanding the number of measures
3 under subclause (III), the Secretary shall adopt measures
4 that relate to equitable health care furnished by hospitals
5 in inpatient settings.

6 “(bb) In carrying out this subclause, the Secretary
7 shall solicit input and recommendations from individuals
8 and groups representing communities of color and other
9 protected classes and ensure measures adopted pursuant
10 to this subclause account for social determinants of health,
11 as defined in section 7(e)(10) of the Equal Health Care
12 for All Act, such that the social determinants of health
13 do not adversely affect hospitals if any inequitable out-
14 comes are not caused by that hospital’s provision of care.

15 “(cc) For purposes of this subclause, the term ‘equi-
16 table health care’ refers to the principle that high-quality
17 care should be provided to all individuals and health care
18 treatment and services should not vary on account of the
19 real or perceived race, national origin, sex (including sex-
20 ual orientation and gender identity), disability, or age of
21 an individual, as well as any other factor that the Sec-
22 retary determines would be useful for determining a pat-
23 tern of inequitable provision of health care.”.

24 (b) INCLUSION OF EQUITABLE HEALTH CARE MEAS-
25 URES.—Section 1886(o)(2)(B) of the Social Security Act

1 (42 U.S.C. 1395ww(o)(2)(B)) is amended by adding at the
2 end the following new clause:

3 “(iv) INCLUSION OF EQUITABLE
4 HEALTH CARE MEASURES.—Beginning in
5 fiscal year 2026, measures selected under
6 subparagraph (A) shall include the equi-
7 table health care measures described in
8 subsection (b)(3)(B)(viii)(XIII).”.

9 **SEC. 5. INEQUITABLE PROVISION OF HEALTH CARE AS A**
10 **BASIS FOR PERMISSIVE EXCLUSION FROM**
11 **MEDICARE AND OTHER FEDERAL HEALTH**
12 **CARE PROGRAMS.**

13 Section 1128(b) of the Social Security Act (42 U.S.C.
14 1320a–7(b)) is amended by adding at the end the fol-
15 lowing new paragraph:

16 “(18) INEQUITABLE PROVISION OF HEALTH
17 CARE.—

18 “(A) IN GENERAL.—Subject to subpara-
19 graph (B), any health care provider that the
20 Secretary determines, under section 7(b)(2) of
21 the Equal Health Care for All Act, has engaged
22 in a pattern of inequitable provision of health
23 care (as defined in subsection (e)(7) of such
24 Act) on the basis of race, national origin, sex

1 (including sexual orientation and gender iden-
2 tity), disability, or age of an individual.

3 “(B) EXCEPTION.—For purposes of car-
4 rying out subparagraph (A), the Secretary shall
5 not exclude any health care provider from par-
6 ticipation in the Medicare program under title
7 XVIII or the Medicaid program under title XIX
8 if the exclusion of such health care provider
9 would result in increased difficulty in access to
10 health care services for underserved or low-in-
11 come communities.”.

12 **SEC. 6. OFFICE FOR CIVIL RIGHTS AND HEALTH EQUITY OF**
13 **THE DEPARTMENT OF HEALTH AND HUMAN**
14 **SERVICES.**

15 (a) NAME OF OFFICE.—Beginning on the date of en-
16 actment of this Act, the Office for Civil Rights of the De-
17 partment of Health and Human Services shall be known
18 as the “Office for Civil Rights and Health Equity” of the
19 Department of Health and Human Services. Any ref-
20 erence to the Office for Civil Rights of the Department
21 of Health and Human Services in any law, regulation,
22 map, document, record, or other paper of the United
23 States shall be deemed to be a reference to the Office for
24 Civil Rights and Health Equity.

1 (b) HEAD OF OFFICE.—The head of the Office for
2 Civil Rights and Health Equity shall be the Director for
3 Civil Rights and Health Equity, to be appointed by the
4 President. Any reference to the Director of the Office for
5 Civil Rights of the Department of Health and Human
6 Services in any law, regulation, map, document, record,
7 or other paper of the United States shall be deemed to
8 be a reference to the Director for Civil Rights and Health
9 Equity.

10 **SEC. 7. PROHIBITING DISCRIMINATION IN HEALTH CARE.**

11 (a) PROHIBITING DISCRIMINATION.—

12 (1) IN GENERAL.—No health care provider
13 may, on the basis, in whole or in part, of race, sex
14 (including sexual orientation and gender identity),
15 disability, age, or religion, subject an individual to
16 the inequitable provision of health care.

17 (2) NOTICE OF PATIENT RIGHTS.—The Sec-
18 retary shall provide to each patient a notice of a pa-
19 tient's rights under this section.

20 (b) ADMINISTRATIVE COMPLAINT AND CONCILIATION
21 PROCESS.—

22 (1) COMPLAINTS AND ANSWERS.—

23 (A) IN GENERAL.—An aggrieved person
24 may, not later than 1 year after an alleged vio-
25 lation of subsection (a) has occurred or con-

1 cluded, file a complaint with the Director alleg-
2 ing inequitable provision of health care by a
3 provider described in subsection (a).

4 (B) COMPLAINT.—A complaint submitted
5 pursuant to subparagraph (A) shall be in writ-
6 ing and shall contain such information and be
7 in such form as the Director requires.

8 (C) OATH OR AFFIRMATION.—The com-
9 plaint and any answer made under this sub-
10 section shall be made under oath or affirmation,
11 and may be reasonably and fairly modified at
12 any time.

13 (2) RESPONSE TO COMPLAINTS.—

14 (A) IN GENERAL.—Upon the filing of a
15 complaint under this subsection, the following
16 procedures shall apply:

17 (i) COMPLAINANT NOTICE.—The Di-
18 rector shall serve notice upon the com-
19 plainant acknowledging receipt of such fil-
20 ing and advising the complainant of the
21 time limits and procedures provided under
22 this section.

23 (ii) RESPONDENT NOTICE.—The Di-
24 rector shall, not later than 30 days after
25 receipt of such filing—

1 (I) serve on the respondent a no-
2 tice of the complaint, together with a
3 copy of the original complaint; and

4 (II) advise the respondent of the
5 procedural rights and obligations of
6 respondents under this section.

7 (iii) ANSWER.—The respondent may
8 file, not later than 60 days after receipt of
9 the notice from the Director, an answer to
10 such complaint.

11 (iv) INVESTIGATIVE DUTIES.—The Di-
12 rector shall—

13 (I) make an investigation of the
14 alleged inequitable provision of health
15 care; and

16 (II) complete such investigation
17 within 180 days (unless it is impracti-
18 cable to complete such investigation
19 within 180 days) after the filing of
20 the complaint.

21 (B) INVESTIGATIONS.—

22 (i) PATTERN OR PRACTICE.—In the
23 course of investigating the complaint, the
24 Director may seek records of care provided
25 to patients other than the complainant if

1 necessary to demonstrate or disprove an
2 allegation of inequitable provision of health
3 care or to determine whether there is a
4 pattern or practice of such care.

5 (ii) ACCOUNTING FOR SOCIAL DETER-
6 MINANTS OF HEALTH.—In investigating
7 the complaint and reaching a determina-
8 tion on the validity of the complaint, the
9 Director shall account for social deter-
10 minants of health and the effect of such
11 social determinants on health care out-
12 comes, so that the health care provider
13 named in the complaint is not held ac-
14 countable for a factor outside of the con-
15 trol of the provider's provision of health
16 care.

17 (iii) INABILITY TO COMPLETE INVES-
18 TIGATION.—If the Director is unable to
19 complete (or finds it is impracticable to
20 complete) the investigation within 180
21 days after the filing of the complaint (or,
22 if the Secretary takes further action under
23 paragraph (6)(B) with respect to a com-
24 plaint, within 180 days after the com-
25 mencement of such further action), the Di-

1 rector shall notify the complainant and re-
2 spondent in writing of the reasons in-
3 volved.

4 (iv) REPORT TO STATE LICENSING
5 AUTHORITIES.—On concluding each inves-
6 tigation under this subparagraph, the Di-
7 rector shall provide to each State licensing
8 authority that is responsible for the licens-
9 ing of the health care provider under inves-
10 tigation, information specifying the results
11 of the investigation.

12 (C) REPORT.—

13 (i) FINAL REPORT.—On completing
14 each investigation under this paragraph,
15 the Director shall prepare a final investiga-
16 tive report.

17 (ii) MODIFICATION OF REPORT.—A
18 final report under this subparagraph may
19 be modified if additional evidence is later
20 discovered.

21 (3) CONCILIATION.—

22 (A) IN GENERAL.—During the period be-
23 ginning on the date on which a complaint is
24 filed under this subsection and ending on the
25 date of final disposition of such complaint (in-

1 cluding during an investigation under para-
2 graph (2)(B)), the Director shall, to the extent
3 feasible, engage in conciliation with respect to
4 such complaint.

5 (B) CONCILIATION AGREEMENT.—A con-
6 ciliation agreement arising out of such concilia-
7 tion shall be an agreement between the re-
8 spondent and the complainant, and shall be
9 subject to approval by the Director.

10 (C) RIGHTS PROTECTED.—The Director
11 shall approve a conciliation agreement only if
12 the agreement protects the rights of the com-
13 plainant and other persons similarly situated.

14 (D) REPORTING OF AGREEMENT.—

15 (i) IN GENERAL.—Subject to clause
16 (ii), the Secretary shall make available to
17 the State licensing authority described in
18 paragraph (2)(B)(iv) a copy of a concilia-
19 tion agreement entered into pursuant to
20 this subsection unless the complainant and
21 respondent otherwise agree, and the Sec-
22 retary determines, that disclosure is not re-
23 quired to further the purposes of this sub-
24 section.

1 (ii) LIMITATION.—A conciliation
2 agreement that is made available to the
3 State licensing authority pursuant to
4 clause (i) may not disclose individually
5 identifiable health information.

6 (4) FAILURE TO COMPLY WITH CONCILIATION
7 AGREEMENT.—Whenever the Director has reason-
8 able cause to believe that a respondent has breached
9 a conciliation agreement, the Director shall refer the
10 matter to the Attorney General to consider filing a
11 civil action to enforce such agreement.

12 (5) WRITTEN CONSENT FOR DISCLOSURE OF
13 INFORMATION.—Nothing said or done in the course
14 of conciliation under this subsection may be made
15 public, or used as evidence in a subsequent pro-
16 ceeding under this subsection, without the written
17 consent of the parties to the conciliation.

18 (6) PROMPT JUDICIAL ACTION.—

19 (A) IN GENERAL.—If the Director deter-
20 mines at any time following the filing of a com-
21 plaint under this subsection that prompt judi-
22 cial action is necessary to carry out the pur-
23 poses of this subsection, the Director may rec-
24 ommend that the Attorney General promptly
25 commence a civil action under subsection (d).

1 (B) IMMEDIATE SUIT.—If the Director de-
2 termines at any time following the filing of a
3 complaint under this subsection that the public
4 interest would be served by allowing the com-
5 plainant to bring a civil action under subsection
6 (c) in a State or Federal court immediately, the
7 Director shall certify that the administrative
8 process has concluded and that the complainant
9 may file such a suit immediately.

10 (7) ANNUAL REPORT.—Not later than 1 year
11 after the date of enactment of this Act, and annually
12 thereafter, the Director shall make publicly available
13 a report detailing the activities of the Office for Civil
14 Rights and Health Equity under this subsection, in-
15 cluding—

16 (A) the number of complaints filed and the
17 basis on which the complaints were filed;

18 (B) the number of investigations under-
19 taken as a result of such complaints; and

20 (C) the disposition of all such investiga-
21 tions.

22 (c) ENFORCEMENT BY PRIVATE PERSONS.—

23 (1) IN GENERAL.—

24 (A) CIVIL ACTION.—

1 (i) IN SUIT.—A complainant under
2 subsection (b) may commence a civil action
3 to obtain appropriate relief with respect to
4 an alleged violation of subsection (a), or
5 for breach of a conciliation agreement
6 under subsection (b), in an appropriate
7 district court of the United States or State
8 court—

9 (I) not sooner than the earliest
10 of—

11 (aa) the date a conciliation
12 agreement is reached under sub-
13 section (b);

14 (bb) the date of a final dis-
15 position of a complaint under
16 subsection (b); or

17 (cc) 180 days after the first
18 day of the alleged violation; and

19 (II) not later than 2 years after
20 the final day of the alleged violation.

21 (ii) STATUTE OF LIMITATIONS.—The
22 computation of such 2-year period shall
23 not include any time during which an ad-
24 ministrative proceeding (including inves-
25 tigation or conciliation) under subsection

1 (b) was pending with respect to a com-
2 plaint under such subsection.

3 (B) BARRING SUIT.—If the Director has
4 obtained a conciliation agreement under sub-
5 section (b) regarding an alleged violation of
6 subsection (a), no action may be filed under
7 this paragraph by the complainant involved
8 with respect to the alleged violation except for
9 the purpose of enforcing the terms of such an
10 agreement.

11 (2) RELIEF WHICH MAY BE GRANTED.—

12 (A) IN GENERAL.—In a civil action under
13 paragraph (1), if the court finds that a viola-
14 tion of subsection (a) or breach of a conciliation
15 agreement has occurred, the court may award
16 to the plaintiff actual and punitive damages,
17 and may grant as relief, as the court deter-
18 mines to be appropriate, any permanent or tem-
19 porary injunction, temporary restraining order,
20 or other order (including an order enjoining the
21 defendant from engaging in a practice violating
22 subsection (a) or ordering such affirmative ac-
23 tion as may be appropriate).

24 (B) FEES AND COSTS.—In a civil action
25 under paragraph (1), the court, in its discre-

1 tion, may allow the prevailing party, other than
2 the United States, a reasonable attorney's fee
3 and costs. The United States shall be liable for
4 such fees and costs to the same extent as a pri-
5 vate person.

6 (3) INTERVENTION BY ATTORNEY GENERAL.—

7 Upon timely application, the Attorney General may
8 intervene in a civil action under paragraph (1), if
9 the Attorney General certifies that the case is of
10 general public importance.

11 (d) ENFORCEMENT BY THE ATTORNEY GENERAL.—

12 (1) COMMENCEMENT OF ACTIONS.—

13 (A) PATTERN OR PRACTICE CASES.—The
14 Attorney General may commence a civil action
15 in any appropriate district court of the United
16 States if the Attorney General has reasonable
17 cause to believe that any health care provider
18 covered by subsection (a)—

19 (i) is engaged in a pattern or practice
20 that violates such subsection; or

21 (ii) is engaged in a violation of such
22 subsection that raises an issue of signifi-
23 cant public importance.

24 (B) CASES BY REFERRAL.—The Director
25 may determine, based on a pattern of com-

1 plaints, a pattern of violations, a review of data
2 reported by a health care provider covered by
3 subsection (a), or any other means, that there
4 is reasonable cause to believe a health care pro-
5 vider is engaged in a pattern or practice that
6 violates subsection (a). If the Director makes
7 such a determination, the Director shall refer
8 the related findings to the Attorney General. If
9 the Attorney General finds that such reasonable
10 cause exists, the Attorney General may com-
11 mence a civil action in any appropriate district
12 court of the United States.

13 (2) ENFORCEMENT OF SUBPOENAS.—The At-
14 torney General, on behalf of the Director, or another
15 party at whose request a subpoena is issued under
16 this subsection, may enforce such subpoena in ap-
17 propriate proceedings in the district court of the
18 United States for the district in which the person to
19 whom the subpoena was addressed resides, was
20 served, or transacts business.

21 (3) RELIEF WHICH MAY BE GRANTED IN CIVIL
22 ACTIONS.—

23 (A) IN GENERAL.—In a civil action under
24 paragraph (1), the court—

1 (i) may award such preventive relief,
2 including a permanent or temporary in-
3 junction, temporary restraining order, or
4 other order against the person responsible
5 for a violation of subsection (a) as is nec-
6 essary to assure the full enjoyment of the
7 rights granted by this subsection;

8 (ii) may award such other relief as the
9 court determines to be appropriate, includ-
10 ing monetary damages, to aggrieved per-
11 sons; and

12 (iii) may, to vindicate the public inter-
13 est, assess punitive damages against the
14 respondent—

15 (I) in an amount not exceeding
16 \$500,000, for a first violation; and

17 (II) in an amount not exceeding
18 \$1,000,000, for any subsequent viola-
19 tion.

20 (B) FEES AND COSTS.—In a civil action
21 under this subsection, the court, in its discre-
22 tion, may allow the prevailing party, other than
23 the United States, a reasonable attorney's fee
24 and costs. The United States shall be liable for

1 such fees and costs to the extent provided by
2 section 2412 of title 28, United States Code.

3 (4) INTERVENTION IN CIVIL ACTIONS.—Upon
4 timely application, any person may intervene in a
5 civil action commenced by the Attorney General
6 under paragraphs (1) and (2) if the action involves
7 an alleged violation of subsection (a) with respect to
8 which such person is an aggrieved person (including
9 a person who is a complainant under subsection (b))
10 or a conciliation agreement to which such person is
11 a party.

12 (e) DEFINITIONS.—In this section:

13 (1) AGGRIEVED PERSON.—The term “aggrieved
14 person” means—

15 (A) a person who believes that the person
16 was or will be injured in violation of subsection
17 (a); or

18 (B) the personal representative or estate of
19 a deceased person who was injured in violation
20 of subsection (a).

21 (2) DIRECTOR.—The term “Director” means
22 the Director for Civil Rights and Health Equity of
23 the Department of Health and Human Services.

24 (3) DISABILITY.—The term “disability” has the
25 meaning given such term in section 3 of the Ameri-

1 cans with Disabilities Act of 1990 (42 U.S.C.
2 12102).

3 (4) CONCILIATION.—The term “conciliation”
4 means the attempted resolution of issues raised by
5 a complaint, or by the investigation of such com-
6 plaint, through informal negotiations involving the
7 complainant, the respondent, and the Secretary.

8 (5) CONCILIATION AGREEMENT.—The term
9 “conciliation agreement” means a written agreement
10 setting forth the resolution of the issues in concilia-
11 tion.

12 (6) INDIVIDUALLY IDENTIFIABLE HEALTH IN-
13 FORMATION.—The term “individually identifiable
14 health information” means any information, includ-
15 ing demographic information collected from an indi-
16 vidual—

17 (A) that is created or received by a health
18 care provider covered by subsection (a), health
19 plan, employer, or health care clearinghouse;

20 (B) that relates to the past, present, or fu-
21 ture physical or mental health or condition of,
22 the provision of health care to, or the past,
23 present, or future payment for the provision of
24 health care to, the individual; and

25 (C)(i) that identifies the individual; or

1 (ii) with respect to which there is a reason-
2 able basis to believe that the information can be
3 used to identify the individual.

4 (7) INEQUITABLE PROVISION OF HEALTH
5 CARE.—The term “inequitable provision of health
6 care” means the provision of any health care service,
7 by a health care provider in a manner that—

8 (A) fails to meet a high-quality care stand-
9 ard, meaning the health care provider fails to—

10 (i) avoid harm to patients as a result
11 of the health services that are intended to
12 help the patient;

13 (ii) provide health services based on
14 scientific knowledge to all and to all pa-
15 tients who benefit;

16 (iii) refrain from providing services to
17 patients not likely to benefit;

18 (iv) provide care that is responsive to
19 patient preferences, needs, and values; and

20 (v) avoids waits or delays in care; and

21 (B) is discriminatory in intent or effect
22 based at least in part on a basis specified in
23 subsection (a).

1 (8) RESPONDENT.—The term “respondent”
2 means the person or other entity accused in a com-
3 plaint of a violation of subsection (a).

4 (9) SECRETARY.—The term “Secretary” means
5 the Secretary of Health and Human Services.

6 (10) SOCIAL DETERMINANTS OF HEALTH.—The
7 term “social determinants of health” means condi-
8 tions in the environments in which individuals live,
9 work, attend school, and worship, that affect a wide
10 range of health, functioning, and quality-of-life out-
11 comes and risks.

12 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed as repealing or limiting the effect
14 of title VI of the Civil Rights Act of 1964 (42 U.S.C.
15 2000d et seq.), section 1557 of the Patient Protection and
16 Affordable Care Act (42 U.S.C. 18116), section 504 of
17 the Rehabilitation Act of 1973 (29 U.S.C. 794), or the
18 Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.).

19 **SEC. 8. FEDERAL HEALTH EQUITY COMMISSION.**

20 (a) ESTABLISHMENT OF COMMISSION.—

21 (1) IN GENERAL.—There is established the
22 Federal Health Equity Commission (in this section
23 referred to as the “Commission”).

24 (2) MEMBERSHIP.—

1 (A) IN GENERAL.—The Commission shall
2 be composed of—

3 (i) 8 voting members appointed under
4 subparagraph (B); and

5 (ii) the nonvoting, ex officio members
6 described in subparagraph (C).

7 (B) VOTING MEMBERS.—Not more than 4
8 of the members described in subparagraph
9 (A)(i) shall at any one time be of the same po-
10 litical party. Such members shall have recog-
11 nized expertise in and personal experience with
12 racial and ethnic health inequities, health care
13 needs of vulnerable and marginalized popu-
14 lations, and health equity as a vehicle for im-
15 proving health status and health outcomes.
16 Such members shall be appointed to the Com-
17 mission as follows:

18 (i) 4 members of the Commission
19 shall be appointed by the President.

20 (ii) 2 members of the Commission
21 shall be appointed by the President pro
22 tempore of the Senate, upon the rec-
23 ommendations of the majority leader and
24 the minority leader of the Senate. Each
25 member appointed to the Commission

1 under this clause shall be appointed from
2 a different political party.

3 (iii) 2 members of the Commission
4 shall be appointed by the Speaker of the
5 House of Representatives upon the rec-
6 ommendations of the majority leader and
7 the minority leader of the House of Rep-
8 resentatives. Each member appointed to
9 the Commission under this clause shall be
10 appointed from a different political party.

11 (C) EX OFFICIO MEMBER.—The Commis-
12 sion shall have the following nonvoting, ex offi-
13 cio members:

14 (i) The Director for Civil Rights and
15 Health Equity of the Department of
16 Health and Human Services.

17 (ii) The Deputy Assistant Secretary
18 for Minority Health of the Department of
19 Health and Human Services.

20 (iii) The Director of the National In-
21 stitute on Minority Health and Health Dis-
22 parities.

23 (iv) The Chairperson of the Advisory
24 Committee on Minority Health established

1 under section 1707(c) of the Public Health
2 Service Act (42 U.S.C. 300u-6(c)).

3 (3) TERMS.—The term of office of each mem-
4 ber of the Commission appointed under paragraph
5 (2)(B) shall be 6 years.

6 (4) CHAIRPERSON; VICE CHAIRPERSON.—

7 (A) CHAIRPERSON.—The President shall,
8 with the concurrence of a majority of the mem-
9 bers of the Commission appointed under para-
10 graph (2)(B), designate a Chairperson from
11 among the members of the Commission ap-
12 pointed under such paragraph.

13 (B) VICE CHAIRPERSON.—

14 (i) DESIGNATION.—The Speaker of
15 the House of Representatives shall, in con-
16 sultation with the majority leaders and the
17 minority leaders of the Senate and the
18 House of Representatives and with the
19 concurrence of a majority of the members
20 of the Commission appointed under para-
21 graph (2)(B), designate a Vice Chairperson
22 from among the members of the Commis-
23 sion appointed under such paragraph. The
24 Vice Chairperson may not be a member of

1 the same political party as the Chair-
2 person.

3 (ii) DUTY.—The Vice Chairperson
4 shall act in place of the Chairperson in the
5 absence of the Chairperson.

6 (5) REMOVAL OF MEMBERS.—The President
7 may remove a member of the Commission only for
8 neglect of duty or malfeasance in office.

9 (6) QUORUM.—A majority of members of the
10 Commission appointed under paragraph (2)(B) shall
11 constitute a quorum of the Commission, but a lesser
12 number of members may hold hearings.

13 (b) DUTIES OF THE COMMISSION.—

14 (1) IN GENERAL.—The Commission shall—

15 (A) monitor and report on the implementa-
16 tion of this Act; and

17 (B) investigate, monitor, and report on
18 progress towards health equity and the elimi-
19 nation of health disparities.

20 (2) ANNUAL REPORT.—The Commission
21 shall—

22 (A) submit to the President and Congress
23 at least one report annually on health equity
24 and health disparities; and

25 (B) include in such report—

- 1 (i) a description of actions taken by
2 the Department of Health and Human
3 Services and any other Federal agency re-
4 lated to health equity or health disparities;
5 and
6 (ii) recommendations on ensuring eq-
7 uitable health care and eliminating health
8 disparities.

9 (c) POWERS.—

10 (1) HEARINGS.—

11 (A) IN GENERAL.—The Commission or, at
12 the direction of the Commission, any sub-
13 committee or member of the Commission, may,
14 for the purpose of carrying out this section, as
15 the Commission or the subcommittee or mem-
16 ber considers advisable—

17 (i) hold such hearings, meet and act
18 at such times and places, take such testi-
19 mony, receive such evidence, and admin-
20 ister such oaths; and

21 (ii) require, by subpoena or otherwise,
22 the attendance and testimony of such wit-
23 nesses and the production of such books,
24 records, correspondence, memoranda, pa-
25 pers, documents, tapes, and materials.

1 (B) LIMITATION ON HEARINGS.—The
2 Commission may hold a hearing under subpara-
3 graph (A)(i) only if the hearing is approved—

4 (i) by a majority of the members of
5 the Commission appointed under sub-
6 section (a)(2)(B); or

7 (ii) by a majority of such members
8 present at a meeting when a quorum is
9 present.

10 (2) ISSUANCE AND ENFORCEMENT OF SUB-
11 POENAS.—

12 (A) ISSUANCE.—A subpoena issued under
13 paragraph (1) shall—

14 (i) bear the signature of the Chair-
15 person of the Commission; and

16 (ii) be served by any person or class
17 of persons designated by the Chairperson
18 for that purpose.

19 (B) ENFORCEMENT.—In the case of contu-
20 macy or failure to obey a subpoena issued
21 under paragraph (1), the United States district
22 court for the district in which the subpoenaed
23 person resides, is served, or may be found may
24 issue an order requiring the person to appear at

1 any designated place to testify or to produce
2 documentary or other evidence.

3 (C) NONCOMPLIANCE.—Any failure to
4 obey the order of the court may be punished by
5 the court as a contempt of court.

6 (3) WITNESS ALLOWANCES AND FEES.—

7 (A) IN GENERAL.—Section 1821 of title
8 28, United States Code, shall apply to a witness
9 requested or subpoenaed to appear at a hearing
10 of the Commission.

11 (B) EXPENSES.—The per diem and mile-
12 age allowances for a witness shall be paid from
13 funds available to pay the expenses of the Com-
14 mission.

15 (4) POSTAL SERVICES.—The Commission may
16 use the United States mails in the same manner and
17 under the same conditions as other agencies of the
18 Federal Government.

19 (5) GIFTS.—The Commission may accept, use,
20 and dispose of gifts or donations of services or prop-
21 erty.

22 (d) ADMINISTRATIVE PROVISIONS.—

23 (1) STAFF.—

24 (A) DIRECTOR.—There shall be a full-time
25 staff director for the Commission who shall—

1 (i) serve as the administrative head of
2 the Commission; and

3 (ii) be appointed by the Chairperson
4 with the concurrence of the Vice Chair-
5 person.

6 (B) OTHER PERSONNEL.—The Commis-
7 sion may—

8 (i) appoint such other personnel as it
9 considers advisable, subject to the provi-
10 sions of title 5, United States Code, gov-
11 erning appointments in the competitive
12 service, and the provisions of chapter 51
13 and subchapter III of chapter 53 of that
14 title relating to classification and General
15 Schedule pay rates; and

16 (ii) may procure temporary and inter-
17 mittent services under section 3109(b) of
18 title 5, United States Code, at rates for in-
19 dividuals not in excess of the daily equiva-
20 lent paid for positions at the maximum
21 rate for GS-15 of the General Schedule
22 under section 5332 of title 5, United
23 States Code.

24 (2) COMPENSATION OF MEMBERS.—

1 (A) NON-FEDERAL EMPLOYEES.—Each
2 member of the Commission who is not an offi-
3 cer or employee of the Federal Government
4 shall be compensated at a rate equal to the
5 daily equivalent of the annual rate of basic pay
6 prescribed for level IV of the Executive Sched-
7 ule under section 5315 of title 5, United States
8 Code, for each day (including travel time) dur-
9 ing which the member is engaged in the per-
10 formance of the duties of the Commission.

11 (B) FEDERAL EMPLOYEES.—Each member
12 of the Commission who is an officer or em-
13 ployee of the Federal Government shall serve
14 without compensation in addition to the com-
15 pensation received for the services of the mem-
16 ber as an office or employee of the Federal
17 Government.

18 (C) TRAVEL EXPENSES.—A member of the
19 Commission shall be allowed travel expenses, in-
20 cluding per diem in lieu of subsistence, at rates
21 authorized for an employee of an agency under
22 subchapter I of chapter 57 of title 5, United
23 States Code, while away from the home or reg-
24 ular place of business of the member in the per-
25 formance of the duties of the Commission.

1 (3) COOPERATION.—The Commission may se-
2 cure directly from any Federal department or agency
3 such information as the Commission considers nec-
4 essary to carry out this Act. Upon request of the
5 Chairman of the Commission, the head of such de-
6 partment or agency shall furnish such information to
7 the Commission.

8 (e) PERMANENT COMMISSION.—Section 1013 of title
9 5, United States Code, shall not apply to the Commission.

10 (f) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated for fiscal year 2025 and
12 each fiscal year thereafter such sums as may be necessary
13 to carry out the duties of the Commission.

14 **SEC. 9. GRANTS FOR HOSPITALS TO PROMOTE EQUITABLE**
15 **HEALTH CARE AND OUTCOMES.**

16 (a) IN GENERAL.—Not later than 180 days after the
17 date of the enactment of this Act, the Secretary of Health
18 and Human Services (in this section referred to as the
19 “Secretary”) shall award grants to hospitals to promote
20 equitable health care treatment and services, and reduce
21 disparities in care and outcomes.

22 (b) CONSULTATION.—In establishing the criteria for
23 grants under this section and evaluating applications for
24 such grants, the Secretary shall consult with the Director

1 for Civil Rights and Health Equity of the Department of
2 Health and Human Services.

3 (c) USE OF FUNDS.—A hospital shall use funds re-
4 ceived from a grant under this section to establish or ex-
5 pand programs to provide equitable health care to all pa-
6 tients and to ensure equitable health care outcomes. Such
7 uses may include—

8 (1) providing explicit and implicit bias training
9 to medical providers and staff;

10 (2) providing translation or interpretation serv-
11 ices for patients;

12 (3) recruiting and training a diverse workforce;

13 (4) tracking data related to care and outcomes;

14 and

15 (5) training on cultural sensitivity.

16 (d) PRIORITY.—In awarding grants under this sec-
17 tion, the Secretary shall give priority to hospitals that
18 have received disproportionate share hospital payments
19 under section 1886(r) of the Social Security Act (42
20 U.S.C. 1395ww(r)) or section 1923 of such Act (42 U.S.C.
21 1396r–4) with respect to fiscal year 2022.

22 (e) SUPPLEMENT, NOT SUPPLANT.—Grants awarded
23 under this section shall be used to supplement, not sup-
24 plant, any nongovernment efforts, or other Federal, State,
25 or local funds provided to a recipient.

1 (f) **EQUITABLE HEALTH CARE DEFINED.**—The term
2 “equitable health care” has the meaning given such term
3 in subclause (VIII)(cc) of section 1886(b)(3)(B)(viii) of
4 the Social Security Act (42 U.S.C.
5 1395ww(b)(3)(B)(viii)), as added by section 4(a).